



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2020 JAN 15 PM 2:41
STATE OF RHODE ISLAND
CORPORATIONS DIV

1. Entity ID Number 487601		2. Exact name of the Corporation COPY DATA SOLUTIONS Inc	
3. Principal Office Address 4470 P.O. Box 4970		City Rumford	State R.I.
4. NAICS Code 423420		6. Brief description of the character of business conducted in Rhode Island COPY MACHINES RENTALS	
5. State of Incorporation R.I.		Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Joseph T RYAN		Vice-President Name	
Street Address 200 ROGER WILLIAMS AVE		Street Address	
City RUMFORD	State R.I.	City	State
Zip 02916		Zip	
Secretary Name SHARON VALLARO		Treasurer Name	
Street Address SAME		Street Address	
City SAME	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 10000		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES 1,000	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative Joseph T Ryan		Date 1-15-2020	
Signature of Authorized Representative			

FILED

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BY **KLZMT88**